

Welcome!

Office for State, Tribal, Local and Territorial Support
presents...



CDC *Vital Signs* : New Hope for Stopping HIV

December 13, 2011
2:00pm – 3:00pm EST



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introduction	Gregory S. Holzman, MD, MPH Deputy Director, OSTLTS, CDC
2:02 pm	Speaker Introductions	Amanda D. Miller, MA Health Communication Specialist, OSTLTS, CDC
2:04 pm	<i>Vital Signs</i> Overview	Jonathan H. Mermin, MD, MPH Director, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD , and TB Prevention, CDC
2:20 pm	Presentations	Monica Sweeney, MD, MPH Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control, NYC Department of Health and Mental Hygiene DeAnn Gruber, PhD, LCSW Administrative Director, STD/HIV Program, Louisiana Office of Public Health Jane Herwehe, MPH Special Projects Coordinator, Health Care Services Division, Louisiana State University
2:40 pm	Q&A and Discussion	Amanda D. Miller
2:55 pm	Wrap – up	Gregory S. Holzman
3:00 pm	End of call	



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*



CDC Vital Signs Town Hall



New Hope for Stopping HIV

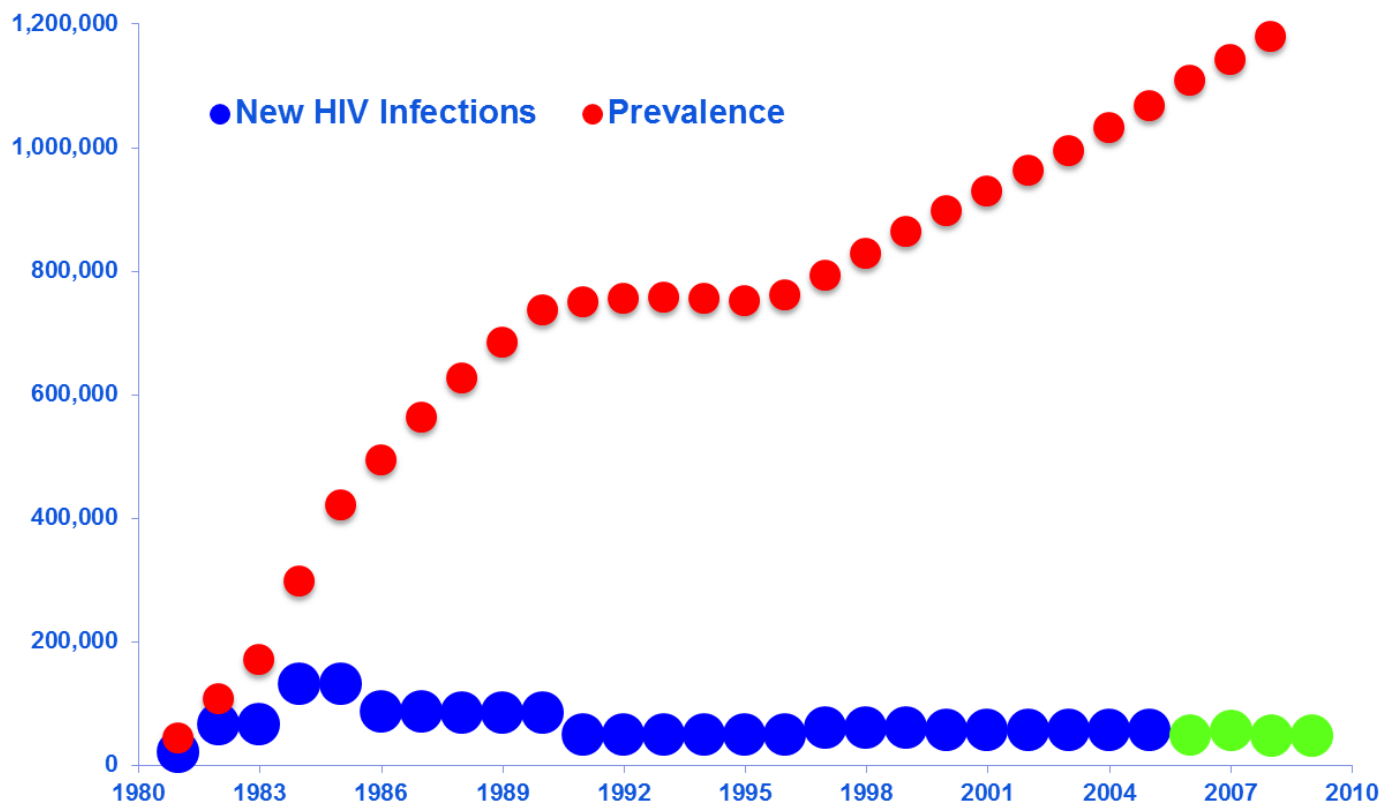
Jonathan Mermin, MD, MPH
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

December 13, 2011

Magnitude of the epidemic

- ❑ 1.2 million people living with HIV
- ❑ Each year about
 - ❑ 50,000 new infections
 - ❑ 17,000 deaths among people with AIDS
 - ❑ Net increase of 33,000 people with HIV
- ❑ People who start ART are expected to live at least an additional 35 years
- ❑ Number of persons with HIV in U.S. increased 60% in past 15 years

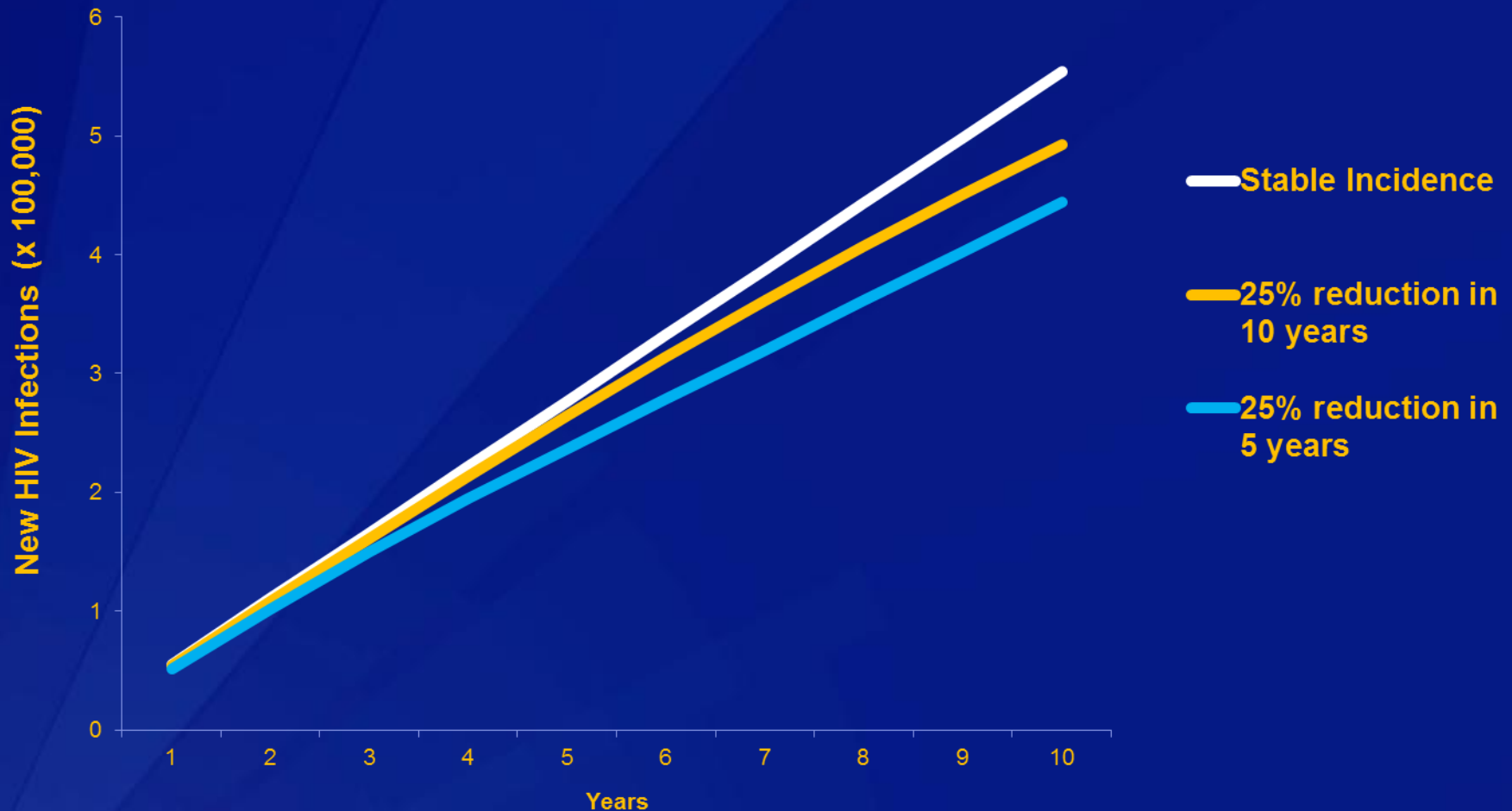
HIV Prevalence and Incidence



Number of people living with HIV has grown because incidence is relatively stable and survival has increased.

Hall JAMA 2008; PreJean PlosOne 2011; MMWR 2011

Faster action saves lives and resources later



Reducing incidence by 25%

In 10 years would save 62,000 infections and save \$23 billion

In 5 years would prevent 109,000 infections and save \$42 billion

Adapted using methods from Hall, et al. *JAIDS* 2010

New Hope for Stopping HIV

Testing and Medical Care Save Lives

1.2 M

About 1.2 million people in the US are living with HIV.

1 in 5

Nearly 1 in 5 people with HIV don't know they are infected, don't get HIV medical care, and can pass the virus on to others without knowing it.

1 in 4

Only 28% of people with HIV are taking HIV medicine regularly and have their virus under control.

Too many people don't know they have HIV (human immunodeficiency virus). About 1.2 million people are living with HIV in the US but about 240,000 don't know they are infected. Each year, about 50,000 people get infected with HIV in the US. Getting an HIV test is the first step to finding out if you have HIV and getting medical care. Without medical care, HIV leads to AIDS (acquired immunodeficiency syndrome) and early death.

There's new hope today for stopping HIV in the US. Medicines (antiretroviral therapy or ART), can lower the level of virus in the body. ART helps people with HIV live longer, healthier lives and also lowers the chances of passing HIV on to others. However, only 28% are getting the care they need to manage the disease and keep the virus under control. To help stop HIV, get tested. If you have HIV, get medical care and work with your health care provider to control the virus and not pass it on to others.

Learn what you can do to prevent HIV through testing and medical care. → See page 4

Want to learn more? Visit

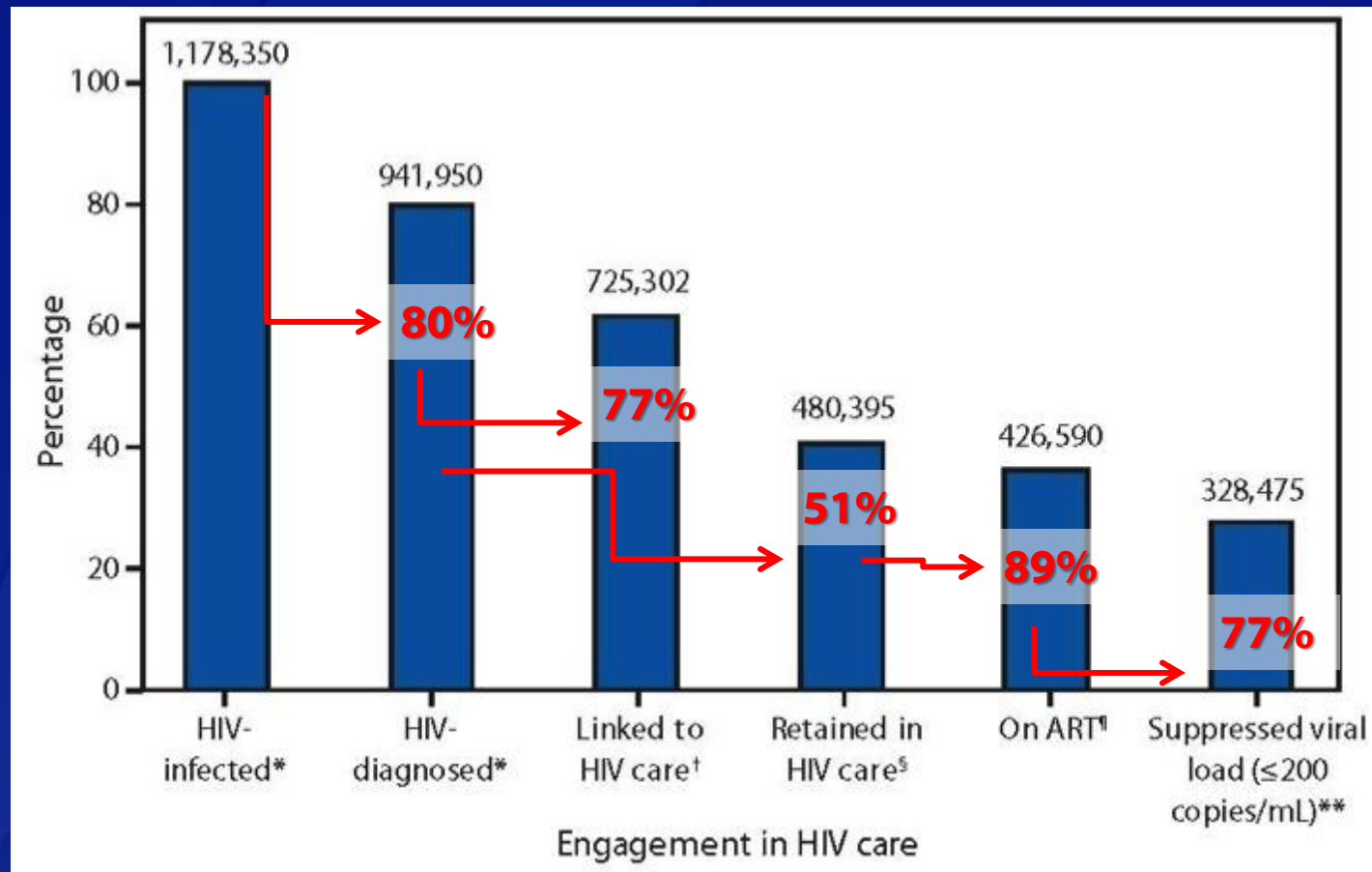
<http://www.cdc.gov/vitalsigns>

HIV Continuum of Care

- ❑ Getting tested for HIV is a critical first step
- ❑ Diagnosis reduces transmission and prolongs life
- ❑ ART reduces transmission by 96%
- ❑ Only 28% of people with HIV have viral suppression

www.cdc.gov/vitalsigns

The Continuum of HIV Care



850,000 with HIV do not have virus under control (72%)

Risk reduction interventions

- ❑ Only 45% of people with HIV received prevention counseling from their provider
- ❑ Yet, interventions focused on sexual behavior change reduce unprotected sex by 43% and acquisition of STDs by 80%



What are some barriers to viral suppression?

- ❑ Lack of knowledge of HIV status**
- ❑ Poverty, lack of insurance and access to care**
- ❑ Patient and practitioner beliefs about taking ART**
- ❑ Poor adherence to ART**
- ❑ Antiretroviral resistance**
- ❑ Substance use and mental health issues**
- ❑ Transportation**
- ❑ Limited feedback loop and assistance for people in and outside of care**

Key CDC Activities

- Surveillance supplements for CD4 cell count and viral load reporting**
- Health Department prevention FOA (2012) includes Expanded Testing Initiative and CD4 cell count and viral load demonstration projects**
- Developing new surveillance FOA (2013)**
- Study of comprehensive Prevention with Positives (PWP)**
- Increased activities with testing and PWP with community-based organizations**

Summary

- ❑ **More people with HIV need to be diagnosed**
- ❑ **Many people with HIV do not receive the medical care they need, increasing transmission risk and affecting quality of life**
- ❑ **Only 28% of all people with HIV have viral suppression**
- ❑ **Only 45% of people with HIV getting medical care received prevention counseling from healthcare providers in the past year**
- ❑ **Focus on continuum of care will prolong lives and reduce HIV incidence**

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

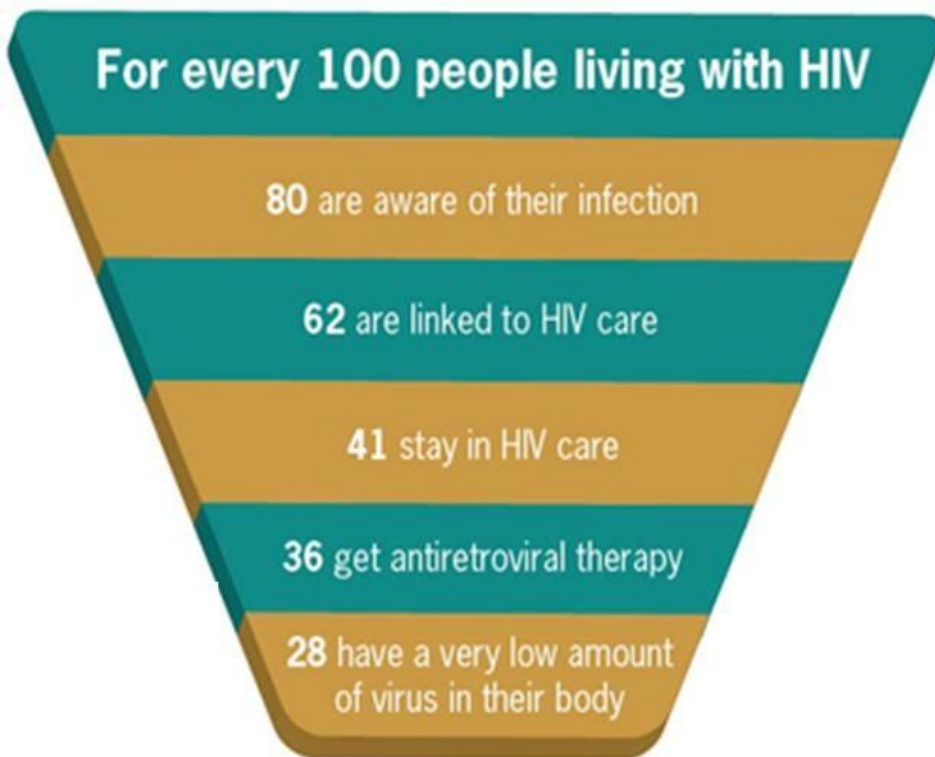
HIV Prevention Through Care and Treatment: New Hope for Stopping HIV



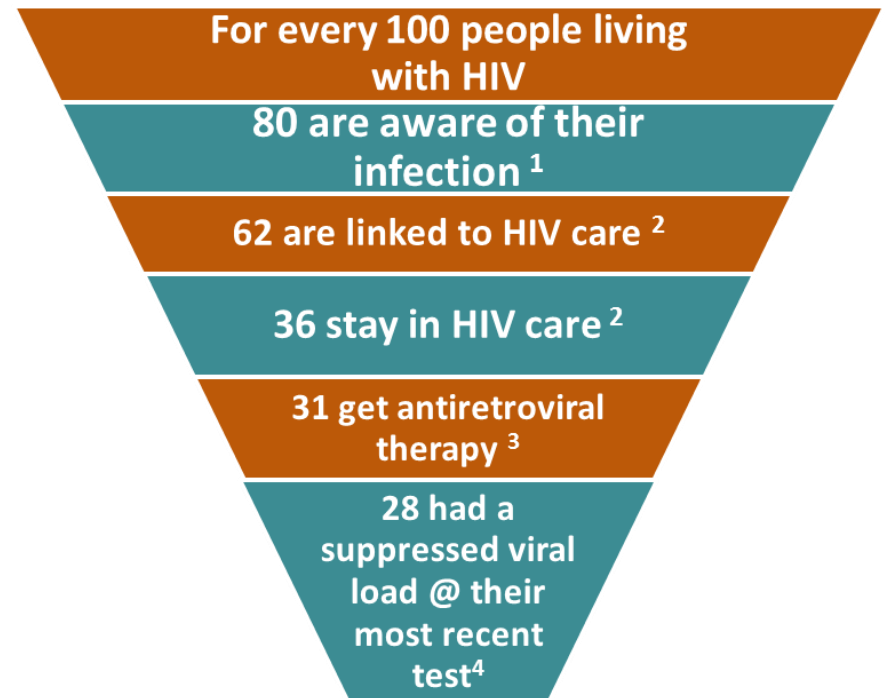
M. Monica Sweeney, MD, MPH
Assistant Commissioner
Bureau of HIV/AIDS Prevention & Control
CDC Vital Signs Town Hall
December 13, 2011

Challenges to “Treatment as Prevention”

1.2 M PLWH in US



110K reported PLWH in NYC



High-Impact HIV Prevention

CDC's Proven Interventions*

- HIV testing and linkage to care

NYC's Interventions

- Expanded HIV testing and linkage to care
 - Worked extensively with community partners to expand routine offer of HIV testing and seamless linkage to care

Routinizing HIV Testing in NYC



- **The Bronx Knows** HIV testing initiative surpassed its 3-year goal by more than 70% by conducting over 607,000 tests.

- **Brooklyn Knows** launched on Dec 1st, World AIDS Day 2010, with the goal of testing 500,000 Brooklynites by 2014.
- To date, both initiatives have conducted over **722,000 HIV tests** and identified more than **2,000 new positives**, linking more than $\frac{3}{4}$ to care.



High-Impact HIV Prevention

CDC's Proven Interventions

- HIV testing and linkage to care

NYC's Interventions

- Expanded HIV testing and linkage to care
 - Worked extensively with community partners to expand routine offer of HIV testing and seamless linkage to care
 - Test and Treat/TLC
 - SPNS
 - Helped pass revised state HIV testing legislation in 2010
 - Mandates offer of HIV testing to all patients 13-64 in hospital or primary care settings (limited exceptions)
 - Allows for oral consent
 - Requires linkage to care

High-Impact HIV Prevention

CDC's Proven Interventions

- HIV testing and linkage to care
- **Antiretroviral therapy**

NYC's Interventions

- Expanded HIV testing and linkage to care
- **Antiretroviral therapy**
 - Recently released new treatment recommendations
 - HIV medical care providers urged to start HIV+ patients on ART as soon as diagnosed, regardless of CD4 count

Research



Media inquiries:

Matt Matassa

703.647.1909; mmatassa@fhi.org

FOR IMMEDIATE RELEASE:

Thursday, 12 May 2011, 11 am EST

Initiation of Antiretroviral Treatment Protects Uninfected Sexual Partners from HIV Infection (HPTN Study 052)

*96% reduction in HIV transmission, according to study conducted
by HIV Prevention Trials Network*

Washington, DC - Men and women infected with HIV reduced the risk of transmitting the virus to their sexual partners through initiation of oral antiretroviral therapy (ART), according to findings from a large multinational clinical study conducted by the HIV Prevention Trials Network (HPTN), a global partnership dedicated to reducing the transmission of HIV through cutting-edge biomedical, behavioral, and structural interventions.

Treatment Recommendations

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EDGE OF EMPIRES
PAGANS, JEWS, AND CHRISTIANS
AT ROMAN DURA-EUROPOS
UNTIL JANUARY 8, 2012

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Seeing Chance to End Spread of H.I.V., City's Health Chief Pushes Earlier Drug Treatment

By ANEMONA HARTOCOLLIS
Published: November 30, 2011

New York City's health commissioner is pushing an aggressive change in city policy toward H.I.V., recommending that doctors begin to treat it as soon as it is diagnosed.

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Times Topic: [AIDS / H.I.V.](#)

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The commissioner, Dr. Thomas Farley, said Wednesday that he believed that the effort would reduce transmission of H.I.V., the virus that causes AIDS, to the point that it could effectively eradicate new H.I.V. infections in New York City in his

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NYC
Health

NYT article: http://www.nytimes.com/2011/12/01/nyregion/to-stop-aids-nyc-wants-drugs-given-sooner-for-hiv.html?_r=1 22

High-Impact HIV Prevention

CDC's Proven Interventions

- HIV testing and linkage to care
- Antiretroviral therapy
- **Prevention programs for people living with HIV and their partners.**

NYC's Interventions

- Expanded HIV testing and linkage to care
- Antiretroviral therapy
- **Prevention with Positives**
 - Partner notification/contact tracing
 - “A Positive Life” workshops for newly diagnosed HIV+
 - Prevention with Positives: 3-armed intervention
 - Care coordination/medical management program

High-Impact HIV Prevention

CDC's Proven Interventions

- HIV testing and linkage to care
- Antiretroviral therapy
- Prevention programs for people living with HIV and their partners.
- **Prevention programs for people at high risk of HIV infection.**

NYC's Interventions

- Expanded HIV testing and linkage to care
- Antiretroviral therapy
- Prevention with Positives
- **Prevention programs and interventions for high risk groups**
 - Focused social marketing and media campaigns
 - DEBIs and EBIs

High-Impact HIV Prevention

CDC's Proven Interventions

- HIV testing and linkage to care
- Antiretroviral therapy
- Prevention programs for people living with HIV and their partners.
- Prevention programs for people at high risk of HIV infection.
- **Substance abuse treatment**

NYC's Interventions

- Expanded HIV testing and linkage to care
- Antiretroviral therapy
- Prevention with Positives
- Prevention programs and interventions for high risk groups
- **Harm reduction services**
 - Syringe exchange
 - *Stages of Change* model for RW clients with substance use issues (*soon to be released*)

High-Impact HIV Prevention

CDC's Proven Interventions

- HIV testing and linkage to care
- Antiretroviral therapy
- Prevention programs for people living with HIV and their partners.
- Prevention programs for people at high risk of HIV infection.
- Substance abuse treatment
- **Screening and treatment for other sexually transmitted infections**

NYC's Interventions

- Expanded HIV testing and linkage to care
- Antiretroviral therapy
- Prevention with Positives
- Prevention programs and interventions for high risk groups
- Harm reduction services
- **Screening/treating STIs**
 - City STD clinics offer routine HIV screening (including AHI screening for MSM) in all 5 boroughs, in addition to STI screening & treatment services

The NHAS Vision

The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

Acknowledgements

- Colin Shepard, MD
- Lucia Torian, PhD
- Adriana Andaluz, MPH

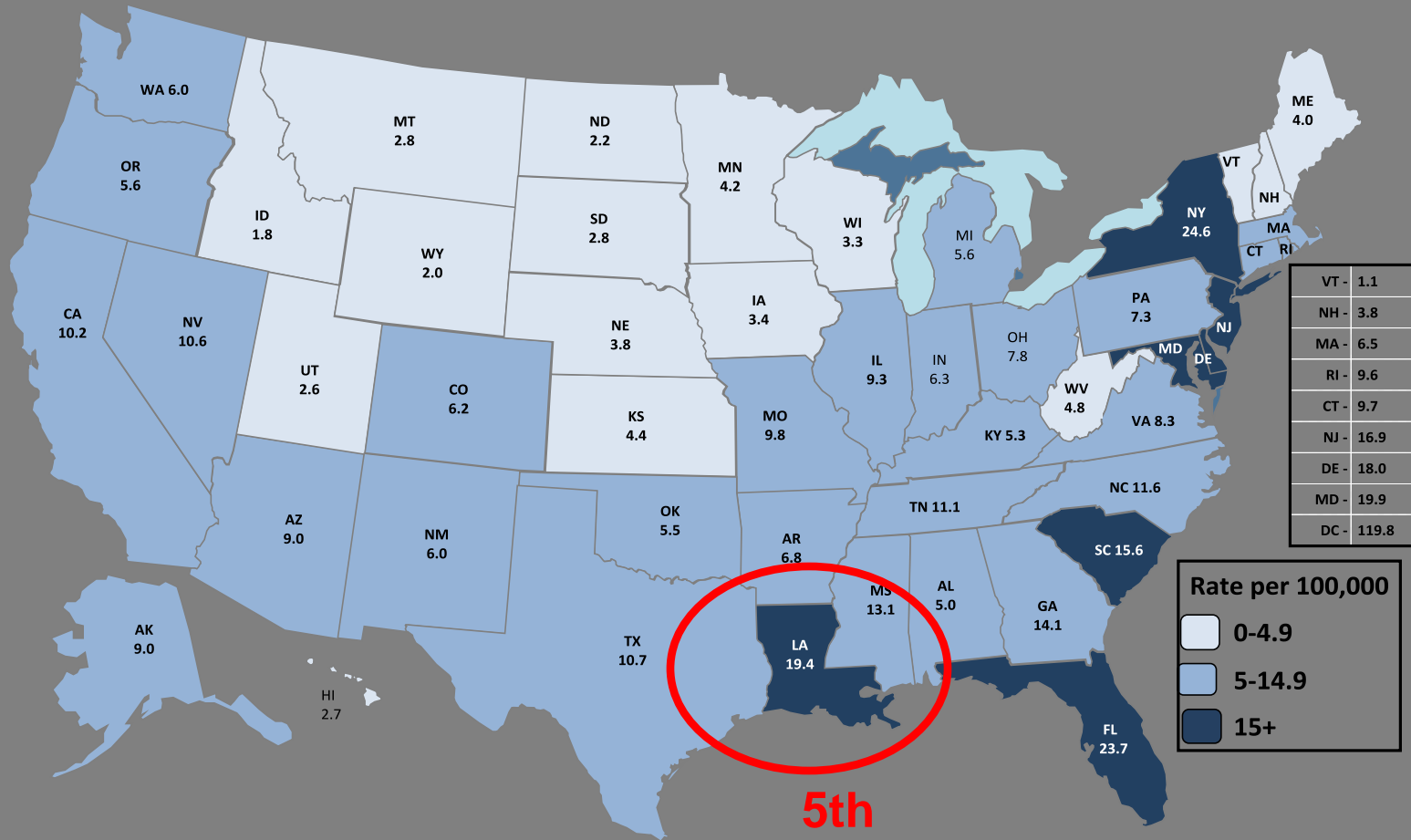


A Collaborative Initiative funded in part by:

**HRSA HIV/AIDS Bureau
Office of Science and Policy
Special Projects of National Significance**



2009 AIDS Case Rates



HIV, STDs & TB in Louisiana

- In 2009, there were over 17,000 persons living with HIV in Louisiana, with an estimated 38% “not in care”
- Nearly 16% of HIV-exposed infants born during 2006-2008 had an indeterminate HIV status
- In 2009— 1st in primary & secondary syphilis rate and 6th in congenital syphilis rate in the nation
- In 2009 - 9th in number of TB cases nationwide

LaPHIE

- Using HIV surveillance to support public health programs
- A programmatic, multi-organizational effort to improve health
- Advanced real-time health information exchange with EMR-integrated alerting system
- “No wrong door” approach
- Real time identification of people out of HIV specialty care $\geq 12m$

Development of LaPHIE

- Hypotheses
 - Patients who are “lost” to care or public health follow up will be linked to care and treatment through LaPHIE
 - The medical setting will be an appropriate and acceptable venue to electronically deliver public health notices to providers for their patients with important health conditions requiring follow-up

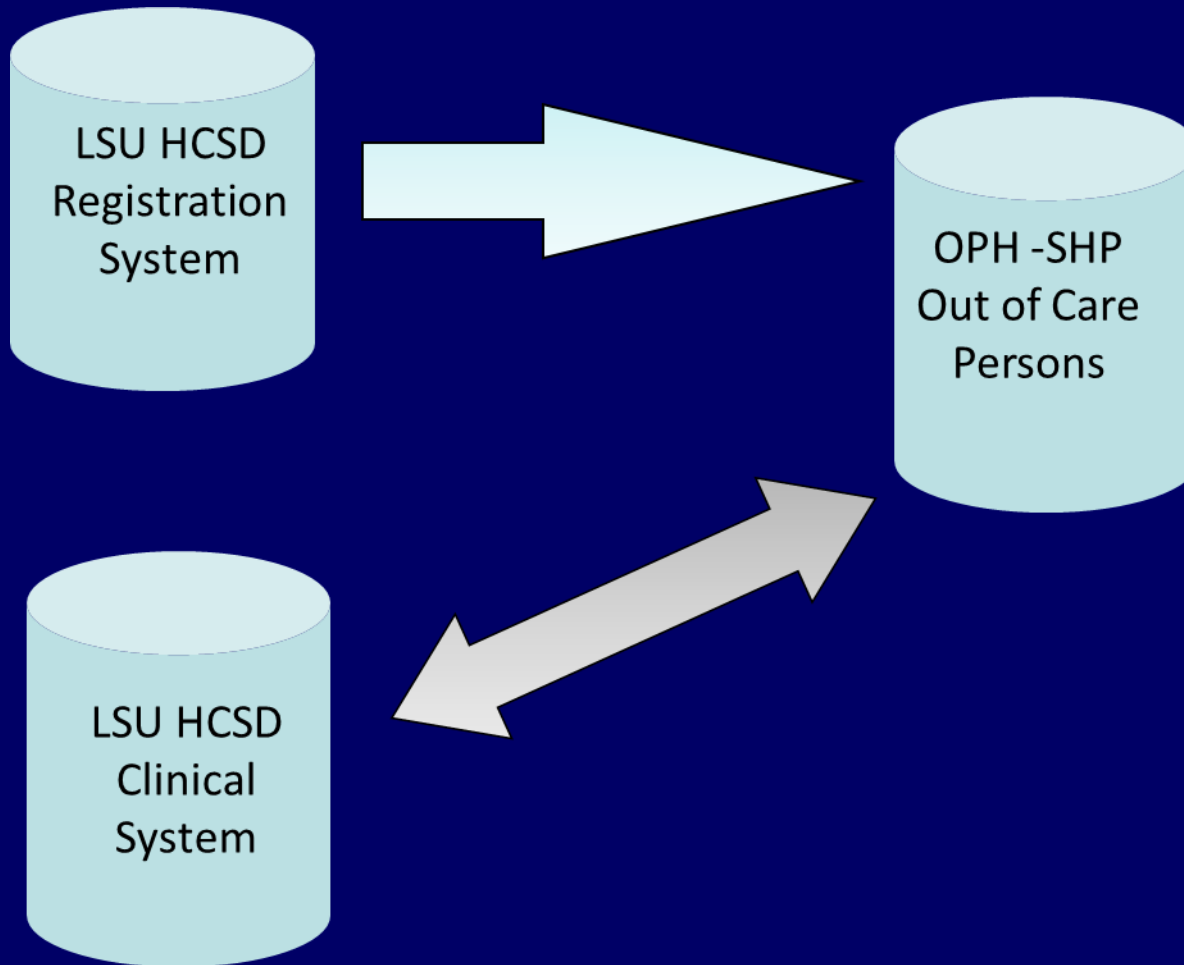
Development of LaPHIE

- Proposed target populations
 - Persons that OPH considers “not in care” for the targeted conditions (no record of CD4/VL in last 12 months)
 - Individuals that appear to have not received test results and to be unaware of infection status
 - Exposed infants in need of follow-up
- System does not replace other public health follow-up mechanisms (Partner Services, nurse outreach, etc.)

Development of LaPHIE

- Established partnership and governance
- Conducted consumer research
- Participated in an ethics review by national experts in biomedical ethics, public health ethics and AIDS privacy
- Requested a legal review of state legislation related to sharing of public health information
- Assessed and modified technical infrastructure
- Designed messaging with iterative prototype process with clinicians and PH professionals
- Executed a data sharing agreement
- Established an evaluation methodology

LaPHIE Data Exchange Process



How LaPHIE Works...



Patient comes to clinic, hospital, or ED for non-HIV service

Patient may require follow up

Details: Intervention Needs for HIV

The Louisiana Office of Public Health records indicate that this patient has HIV, but does not appear to have accessed HIV-related medical care in at least the last 12 months. No CD4 or viral load test results have been received by OPH from public or private laboratories.

Please proceed with the Recommended Actions for intervention.

Recommended Actions	Actions Taken
Assess need for intervention	<p>Please check the actions that you are completing with the patient. Some actions may already contain a check indicating completion by another provider. Other actions may not apply and can be left blank. Please hit SAVE once you have completed your actions.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discussed OPH message and need for treatment with the patient <input checked="" type="checkbox"/> Re-ordered confirmatory Western Blot <input type="checkbox"/> Assessed stage of illness <input type="checkbox"/> Scheduled follow up appointment <input type="checkbox"/> Counseled pregnant patient (if needed) <input type="checkbox"/> Documented patient report of receiving treatment at another site <input type="checkbox"/> Confirmed patient is not interested in treatment at this time
Offer education	
Assess patient and need for treatment	
Initiate treatment and monitoring plan	
Verify pregnancy or breastfeeding status	

Bogalusa Medical Center

Lallie Kemp

Earl K. Long

CDC Website...

W. O. Moss

University Medical Center

Leopold J. Chabert

DELTA REGION AIDS Education & Training Center

The Delta AIDS Education & Training Center is available for training regarding HIV/AIDS at 504-903-0788; any questions about HIV/AIDS can also be addressed by the Delta AIDS Education & Training Center at 504-903-0623

LSU Public Health

Save



Conclusion

Using LaPHIE, we were able to:

- Identify over 500 HIV-infected individuals who had been out of care in nearly 700 clinical encounters
- Analyze follow up data on 345 of these patients:
 - 24% had no prior labs in OPH system
 - 32% had not been in the LSU system for any HIV-related test or care
 - 82% received follow-up HIV specialty care
- Offer clinical services to improve individual- and population-level health
- Determine that system is acceptable to both patients and providers through feedback processes
- Confirm that a well developed, stakeholder involved process promotes success

Acknowledgements

- Patients
- LSU/TU clinicians
- UH Infection Control
- Delta Region AETC
- LSU SPH Medical Informatics & Telemedicine
- HCSD CEO, CMO, CIO/CMIO
- LIS Core Group
- HCSD Programming Support
- OPH HIV, STD and TB programs
- OPH nurses
- OPH epidemiologists
- OPH Disease Intervention Specialists
- OPH Medical Directors
- DHH Legal Counsel
- LPHI

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LSU Health Care Services Division

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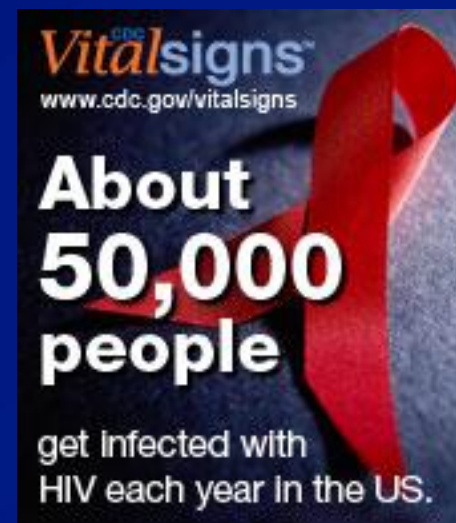
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